MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 101593,162 APPLICANT(S) FILING DATE

9-18-06

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ™AMENDMENT			AS FILED		LED AFTE			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	Ī
							51						I
				1			52						Ļ
							53						Ļ
1							54					-	ļ
5							55				-		ł
6							56				-	-	╀
7							57 58		-				ł
3							59						t
0							60				 		t
1		_	-				61		1				T
2				-			62						
3							63						L
4							64						ļ
5							65		ļ				Ļ
6							66				ļ		Į.
7						<u> </u>	67		 		ļ		╀
8				 		ļ	68				 		╀
9		ļ	<u> </u>	ļ		-	69 70		 	-	 		╁
20							70 71		 	-	<u> </u>		╁
11				-		 	72	-	 		 		t
22 23							73		_		 	_	t
24							74		 		†		t
25							75		<u> </u>		†		T
26							76						I
27	-						77						ļ
28							78				ļ		퇶
29							79		ļ	ļ	 		╀
30						ļ	80				 		+
31		ļ		ļ			81		 				╀
32			<u> </u>	ļ			82		 			·	╁
33				<u> </u>			83 84				+	 	+
34				 		 	85		+	 	+	 	t
35 36		 	<u> </u>			 	86		 		1		t
7		 	1	 		 	87		1				T
38		 				1	88		1				Ī
39		 	1				89						Ι
0							90						1
11							91						1
12							92		ļ	!	ļ	<u> </u>	1
13					ļ		93				ļ	<u> </u>	1
44				<u> </u>	ļ	<u> </u>	94			<u> </u>	 	<u> </u>	+
45						 	95	<u> </u>	 	ļ	+	-	+
16		 	_	1		 	96		+	\vdash	+	1	+
17	}	+-	-	 		+	97 98		+	1	+	1	\dagger
18	!	-	╂—	 		 	99	 	+	1	1	1	†
49 50	 	+	1	+	 	 	100	—	+	1	1	1	†
TAL	ł	 	1		 		TOTAL	1		1		t —	†
ND.	<u> </u>	▼	_/_	」 ◆		」 ◆	IND.				」 ▼		
TAL EP.		←	1	←		4	TOTAL DEP.		+		(
OTAL AIMS			2				TOTAL CLAIMS				. 6		T